

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) | | | | | | | | SERIAL NO. | FILING DATE | | |
|--|-----------------|------|------------------------|------|------------------------|------|--------------|--------------|-------------|------|------|
| | | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | |
| 2 | <i>Canceled</i> | | | | | | 52 | | | | |
| 3 | | | | | | | 53 | | | | |
| 4 | | | | | | | 54 | | | | |
| 5 | | | | | | | 55 | | | | |
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| 20 | | | | | | | 70 | | | | |
| 21 | | | | | | | 71 | | | | |
| 22 | | | | | | | 72 | | | | |
| 23 | <i>Canceled</i> | | | | | | 73 | | | | |
| 24 | <i>Canceled</i> | | | | | | 74 | | | | |
| 25 | | | | | | | 75 | | | | |
| 26 | | | | | | | 76 | | | | |
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| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | |